

DEFIANCE COUNTYWIDE DEMOLITION PROGRAM CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM

NOTE TO CONTRACTORS:

Defiance County requires that its contractors be qualified for demolition and abatement work. Consequently, Defiance County has established a pre-qualification procedure for Contractors and has developed and maintains a list of pre-qualified Contractors. Contracts for demolition work are awarded only to pre-qualified Contractors.

INSTRUCTIONS:

In order to pre-qualify, the Contractor must:

- Complete the Contractor's Qualification in its entirety and return it to Defiance County Commissioners' Office.
- Agree to provide equal employment opportunities, as evidenced by Contractor's signature on the Equal Opportunity Employment statement (part of the Qualification form)
- Agree to warranty all work performed under the Demolition contracts, as evidenced by Contractor's signature on the Contractor's Warranty (part of the Qualification form)
- Submit or have agent submit a Certificate of Insurance, confirming the insurance required by the program
- Submit a completed W-9 Tax Form
- Submit copy of Worker's Compensation Certificate or Evidence of adequate private medical insurance

If, in the opinion of the Defiance County Commissioners, the contractor meets the program's standards for qualified contractors, the Contractor's name will be placed on list of Qualified Contractors.

The Defiance County Commissioners reserve the right to require additional information, including a financial statement from contractors, as a necessary prerequisite to pre-qualification.

If you have questions about the requirements listed on this form, please contact Stephanie Metz, Clerk 419-782-4761.

Thank you in advance for your cooperation

PROSPECTIVE BIDDERS QUALIFICATIONS & EVIDENCE OF RESPONSIBILITY

1) GENERAL CONTRACTOR INFORMATION

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Mobile: _____
E-Mail: _____
Federal Tax I.D. Number or Social Security Number: _____
Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____ Fax: _____

2) ORGANIZATION (Check):

_____ Sole Proprietorship/Owner's Name _____
_____ Partnership/Partner's Name _____
_____ Corporation/Company Name _____
_____ Other/Specify _____

When organized? _____ Where Incorporated? _____

How long contracting under present name? _____

Have you contracted under any other name(s)? _____ Yes _____ No If yes, explain _____

Have you ever failed to complete work awarded to you? _____ Yes _____ No
If yes, explain _____

Have you ever defaulted on a contract? _____ Yes _____ No
If yes, explain _____

Are you currently listed on any federal or State of Ohio contracting debarment list?
_____ Yes _____ No If yes, explain _____

Are you currently listed as an ineligible contractor by any government entity in Defiance County?
_____ Yes _____ No If yes, explain _____

Litigation Information:

Has any kind of judgment been rendered against you or your company in the last ten years? Have you been convicted of any crime in the last ten years? Please explain in summary.

3) LICENSES HELD (If any) Please describe the type of licenses you possess and the corresponding identification number.

License Number: _____ Expiration Date: _____
License Number: _____ Expiration Date: _____
License Number: _____ Expiration Date: _____
Other _____

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

EQUAL OPPORTUNITY EMPLOYMENT

This is to certify that the undersigned Contractor is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, or gender identity or expression. The Contractor shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, creed, color, sex, national origin, sexual orientation, or gender identity or expression. Such action shall include, but are not limited to, employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through Defiance County may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

Date

Authorized Signature of Contractor

Company

Please Print Name

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

CONTRACTOR'S WARRANTY

This is to certify that the undersigned Contractor hereby warrants as follows:

The contractor will comply with all laws, ordinances, regulations and rules promulgated by the jurisdiction in which work is to be performed

The contractor will comply with all statutory provisions and regulations with reference to the performance of the work, and establishing a contained and secure site during installation, and particularly agrees that he will place proper site restraints during periods of non-construction.

All work under this contract is subject to inspection and acceptance by Defiance County as to compliance with the specifications and any non-complying work or imperfect work that is discovered before final acceptance shall be corrected on demand of Defiance County, notwithstanding it may have been overlooked by an interim inspector.

The contractor shall provide a finished site that is level and free of debris, including along lot lines. The contractor shall seed the site with slow growing grass at a rate of 6 lb. per 1000 sq. ft. and provide a cover of straw. The contractor is responsible for insuring that grass is growing on the site and that the site is sufficiently level and debris-free so that the site may be safely mowed. For winter projects, the contractor is responsible for returning to the site when conditions allow and providing the above described site finish. **A ten percent (10%) retainage will be held until site finish is complete.**

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through Defiance County may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

Date

Authorized Signature of Contractor

Company

Please Print Name

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

MINIMUM INSURANCE COVERAGE

Each Contractor, in order to become pre-qualified to perform work under Defiance County, shall purchase, maintain current and furnish evidence of the following insurance:

1. GENERAL LIABILITY COVERAGE which may be Comprehensive General Liability with a MINIMUM limit of liability of \$1,000,000 each occurrence, \$2,000,000 aggregate.
2. AUTOMOBILE LIABILITY COVERAGE with a \$1,000,000 limit of liability.
3. WORKERS COMPENSATION with statutory limits.

Additionally, upon the award of any contracted work, the contractor shall provide evidence that the Defiance County is an **ADDITIONAL INSURED with CERTIFICATE HOLDER STATUS** on the contractor's above policy.

NOTE:

Defiance County reserves the right to: a) waive the minimum limits of liability to some lower limits of liability for certain Contractors performing work involving limited exposure to risk; b) raise the minimum limits of liability to some higher limit for certain Contractors performing work involving high exposure to risk and c) require additional types of coverage as need arise.

Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined above prior to the start of any work.

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

I certify that the information provided here is, to the best of my knowledge and belief, true, accurate and complete. I have attached a completed copy of IRS Form W-9 and acknowledge that _____ is required by law to report any income earned by me in conjunction with work performed.

Date

Authorized Signature of Contractor

Company

Please Print Name